

Name
in
Full

Fred. Abell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Bear* Town*Sperry* CountyDate of death *1909* *Dec* MonthDay *4*Age *59* YearsMonths *1*Days *1*Sex *Male*Color or Race *White*Birth-place *St Marys Co*Occupation *Farmer*Where Residing if not
at place of deathMarried, Single or Widowed *Married*Name of Wife or
Husband*Mrs Readmond*Father's Name *Don't Know*Father's Birthplace *St Marys Co*Mother's Maiden Name *Don't Know*Mother's Birthplace *11 12 0*Name of person giving
In formation *James Readmond*How related
to deceased *Brother-in-law*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*How long *about two years*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Thos L. Gault*
Address *Leonardtown*

Accident or Suicide?

